



**Datacorp**

Make Your Data Work For You

## **PROVIDENCE PFS**

### **Family Matters Results**

**Center for Southeast Asians**

May 2024

Point of Contact:  
Rachel Ferrara, M.S.W.  
Human Services Division Director  
Dept. of Housing & Human Services  
[rferrara@providenceri.gov](mailto:rferrara@providenceri.gov)

Prepared by  
Datacorp  
400 Putnam Pike  
Suite J #511  
Smithfield, RI 02917  
[www.mjdatacorp.com](http://www.mjdatacorp.com)

Authors:  
P. Allison Minugh, Ph.D.  
Elizabeth Pauley, M.A.  
Susan L. Janke, M.S.  
Kayla Martineau, M.A., L.C.S.W.  
Adam Tabares, B.S.

**TABLE OF CONTENT**

Introduction..... 3  
    Center for Southeast Asians ..... 3  
Methods ..... 3  
    Target Population..... 3  
    Enrollment and Implementation Tracking..... 3  
    Program Adaptations ..... 3  
    Program Content ..... 4  
        Language Barriers to the Program Content..... 4  
Results ..... 5  
    Demographics..... 5  
    Perceived Substance Use by Their Children ..... 7  
        Thoughts on Whether Parents Think Their Children Will Use Substances by Age 18 .... 7  
        Thoughts on Amount of Influence Parents Have Over Their Child Using Substances . 8  
        Encouraging Children Not to Use Substances or Have Friends Who Use Substances 9  
        Parent Reports of How They Help Prevent Their Children From Using Substances .....10  
    Cohort 1 & 2 Comparisons .....11  
Program Fidelity .....12  
Conclusions .....13  
    Outcome Results .....13

## INTRODUCTION

The City of Providence Department of Housing and Human Services (HHS) is the recipient of a Substance Abuse and Mental Services Partnerships for Success (PFS) award. This 5-year PFS grant focuses on citywide underage alcohol and tobacco/nicotine use with an anticipated reach of at least 13,243 individuals ages 12-17 with a focus on youth in out-of-schooltime settings. One component of the grant is to address health disparities. In doing so, the City contracted with the Center for Southeast Asians to deliver the evidence-based Family Matters program to participants whose primary language is Cambodian or Lao.

### Center for Southeast Asians

The Center for Southeast Asians (CSEA) is a non-profit organization that conducts outreach services and programs. The CSEA's goal is to protect and maintain Southeast Asian culture and whose mission is to promote the prosperity, heritage and leadership of Southeast Asians in Rhode Island ([www.cseari.org](http://www.cseari.org)). There were 13 participants who completed the Family Matters program and provided pre- and post-test survey data for the evaluation.

## METHODS

### Target Population

The initial implementation round of the *Family Matters* program was delivered to CSEA participants whose primary spoken language was Cambodian (39%), Laotian (31%) or English (31%). Program booklets and evaluation questionnaires are available in Spanish, Portuguese, French, Arabic, Swahili, and English, in support of all the languages supported by the HCO's *Family Matters* program efforts. It should be noted that the Southeast languages are more spoken than written, and for this reason the booklets were not translated into those languages.

### Enrollment and Implementation Tracking

The Cohort 2 implementation at CSEA, including recruitment took place between late summer and early winter. The HHS PFS program manager and epidemiology team prepared training and attendance materials that were given to the CSEA program facilitators (n = 4) who were trained in how to deliver the program and track participant attendance and data collection. The epidemiology team prepared tracking sheets to assist the CSEA staff so they would know the status of each participant, i.e., whether they had completed pre-program questionnaire, each of the booklets the participant received, when each booklet was completed, when participants were due for the next booklet, and when participants completed the post-program questionnaire. The epidemiology team updated the tracking information at the end of the program to ensure we had all the information on pre- and post-testing as well as material distribution.

### Program Adaptations

The *Family Matters* program required adaptations. The first was whether to provide the program in groups or one-on-one. It was decided to deliver the program in a group format. In our first adaptation we started by using phone and technology as a one-on-one solution but later this changed, and ultimately delivered the program in a group format, which has worked well with each population we have served. Based on prior

implementations, the PFS program worked closely with the program facilitator at the CSEA to alert the facilitator to the possibility that participants might be hesitant about participating because the program comes from the city, and it is the “government”. They talked about ways to address this concern if it arose while being transparent and truthful in every way.

## **Program Content**

Once participants were enrolled and the facilitators started working with them, one of our early implementations involved program enrollees reacting negatively to the program’s subject matter. Some of the early participants also found the pre-program questionnaire culturally challenging. With this experience behind us, we decided that irrespective of the setting, program facilitators would be encouraged by the PFS program manager, who provides the training, to be sensitive to reactions to the program content and questionnaire and deliver key program messages with this sensitivity in mind. For example, there have been participants who stressed that there are cultural values that forbid substance use, and in addition, there are also cultural values that prescribe against talking about substance use, particularly in the direct ways the curriculum suggests it should be done. Facilitators are trained to preface the messages by acknowledging perceptions their culture may have about youth substance use while expressing it in the context of the culture they now live in and challenges their child may face. This has worked extremely well and has removed the pushback we got from parents prior to this adaptation. At the CSEA, participants accepted the program right away.

## **Language Barriers to the Program Content**

Despite translating the *Family Matters* program materials into various languages to minimize language barriers, there is still a possibility we will encounter language barriers when working with participants either through the curriculum or the evaluation questionnaires. In this program administration the facilitator did not cite any language barriers. The program was offered in Lao, which is a spoken as opposed to a written language. The books were provided in English. Even when the PFS program manager went to observe, the conversation took place mostly in English, with one or two participants asking questions in Lao, which the facilitator would translate. It should be noted that in all of our adaptations and with all of the populations we have served that the program materials and questionnaires have been prepared in the participants’ first language. However, it is almost always their choice to work in English as it serves their goals of learning the language, which is important to the participants. Thus, we fully support participants in whichever language makes them most comfortable during their time in the program.

Despite some of the initial challenges we had adapting the program to different cultural groups, we have been able to successfully deliver the program and collect pre- and post-test data on the program to ascertain outcomes. All adaptations were tracked and to ensure program fidelity we collect fidelity measures to determine whether the program was delivered with the same content intent, despite our format changes, target population, and language translations. The fidelity data are reported following the outcome measures in the results section.

## RESULTS

Overall, the *Family Matters* implementation at the Center for Southeast Asians (CSEA) was a success. While parents did not report as much communication in Cohort 2 as they did in Cohort 1, overall, when combined, we still have significant results for key program measures.

### Demographics

The results show that of the 11 participants 73% were female, 91% non-Hispanic, 91% identified as Asian or Pacific Islander, and another 9% identified as Black/African American.

Figure 1. Respondent Gender

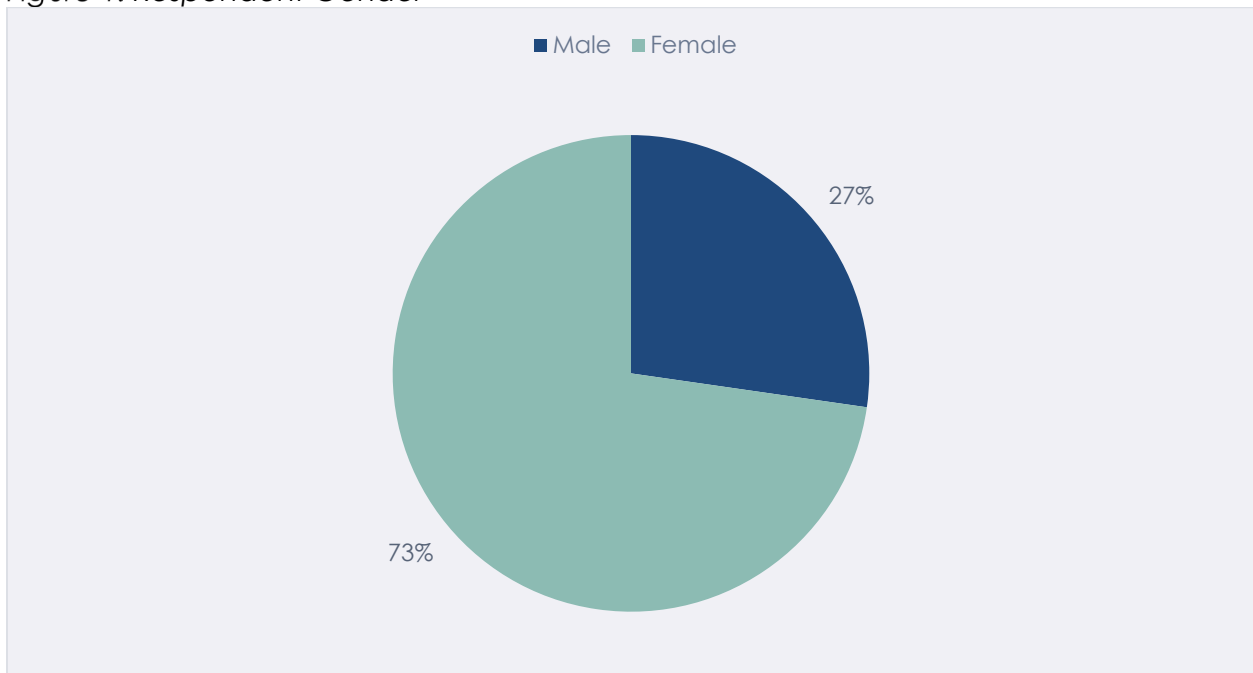


Figure 2. Respondent Ethnicity

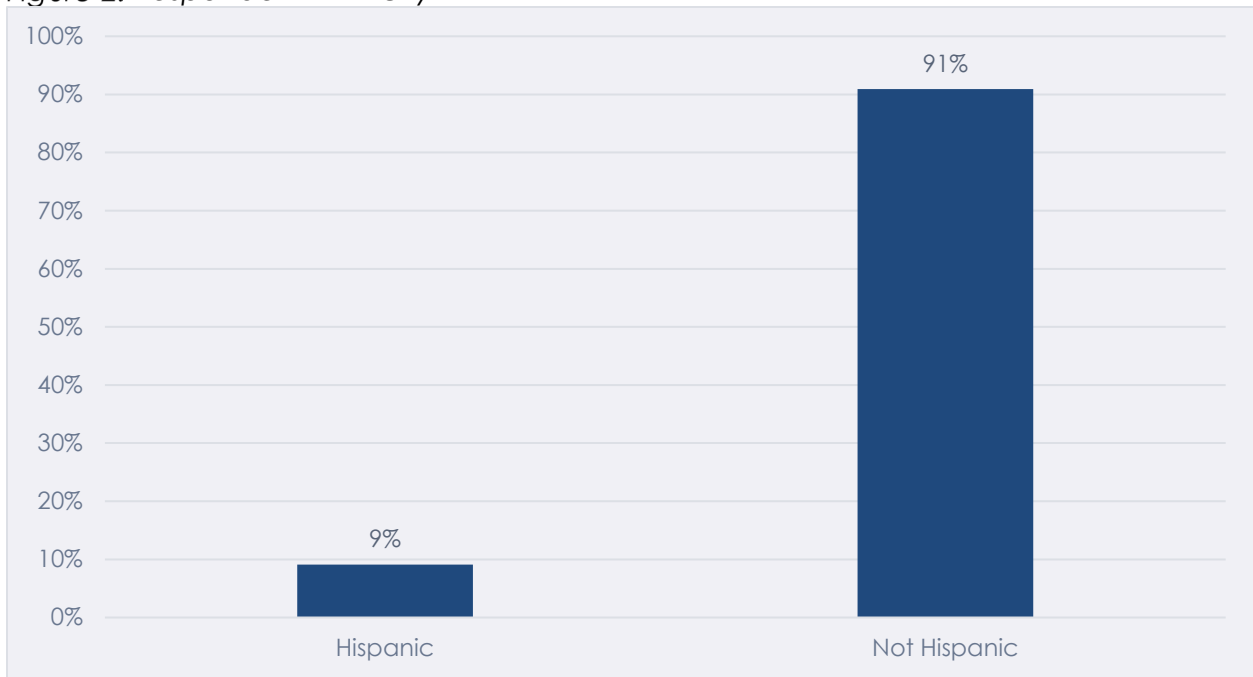
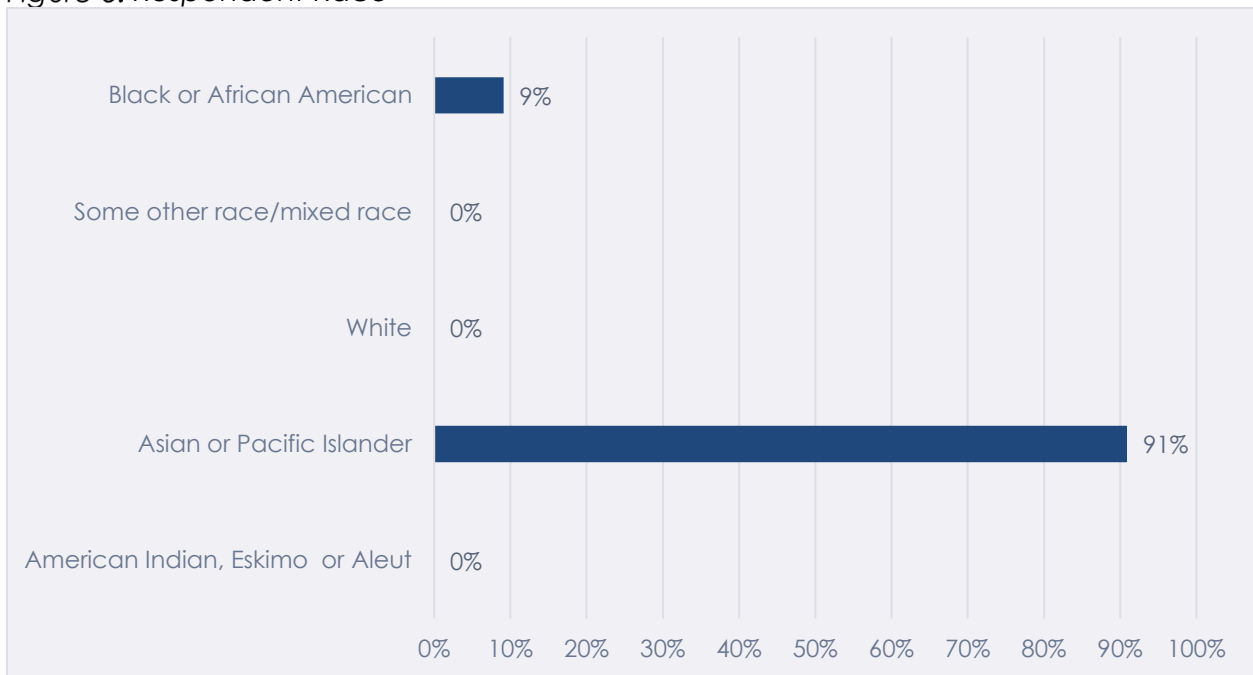


Figure 3. Respondent Race

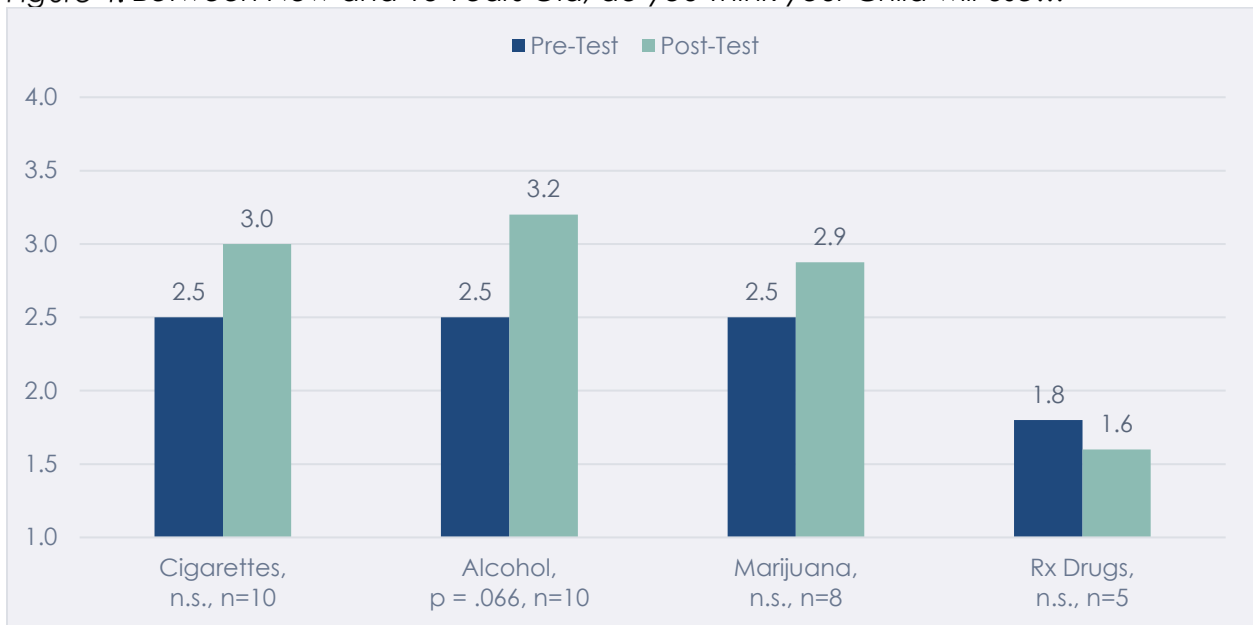


## Perceived Substance Use by Their Children

### Thoughts on Whether Parents Think Their Children Will Use Substances by Age 18

At a high level, parents started the program only somewhat unsure their children would not use substances. By the time the program was over, they trended more toward thinking their children would use substances, except for prescription drugs. The increase for alcohol from pre- to post-survey was approaching significance ( $p=0.066$ ).

Figure 4. Between Now and 18 Years Old, do you Think your Child will use...

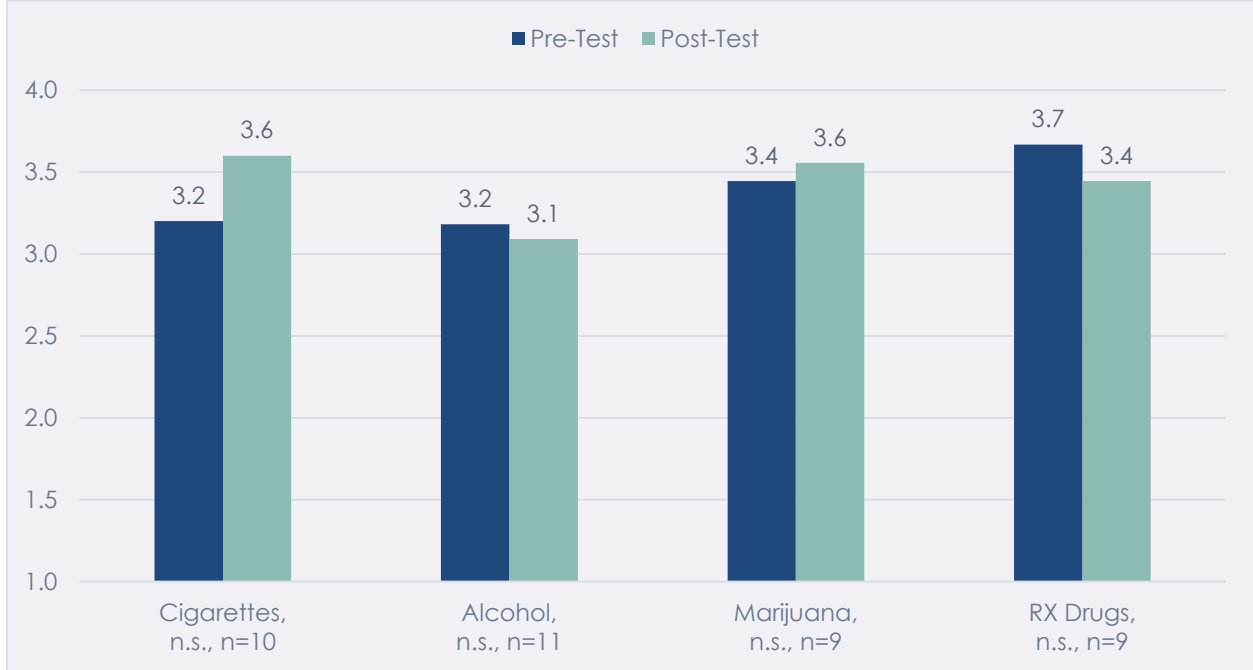


Note: Response options range from 1 (Won't For Sure)- 4 (For Sure).

### Thoughts on Amount of Influence Parents Have Over Their Child Using Substances

Overall, parents think they have influence over their child choosing to use substances. This did not change statistically over the course of the program.

Figure 5. How Much Influence Do You Think You Have Over Keeping Your Child from Using...



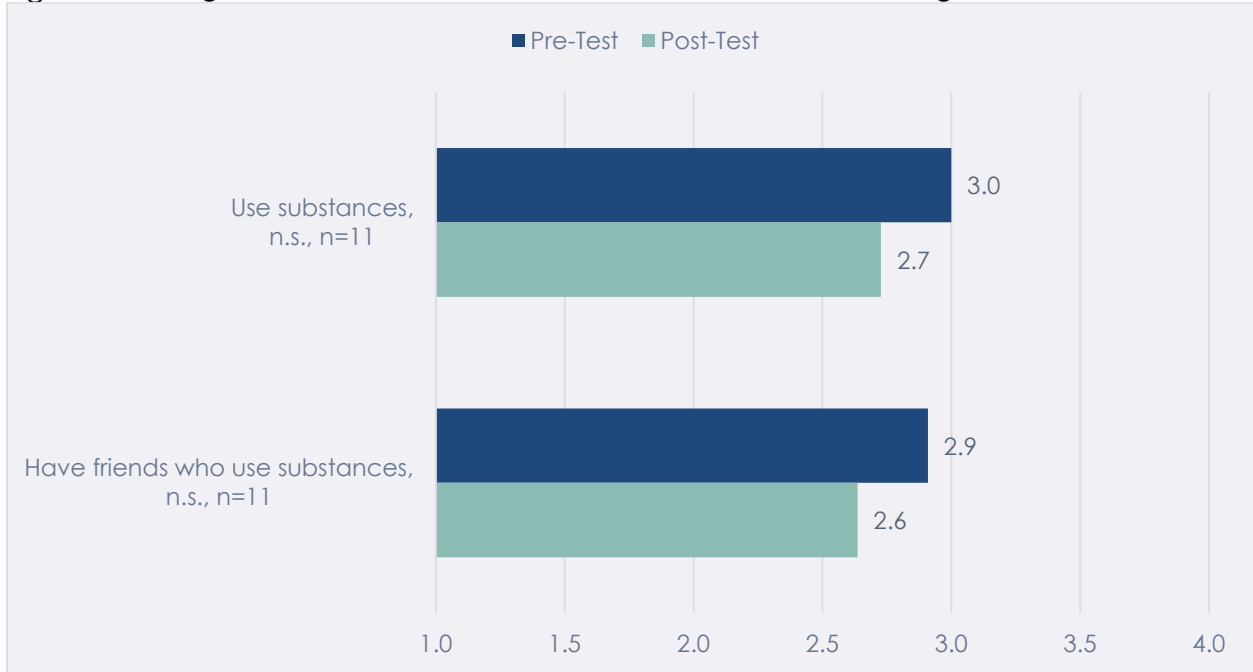
Note: Response options range from 1 (None at All) - 4 (Very Much).



### Encouraging Children Not to Use Substances or Have Friends Who Use Substances

There was a 10% decrease in parent reports of the number of times they encouraged their children not to use substances and how often parents encourage their children not to have friends who use substances.

Figure 6. During the Past 6 Months, Number of Times Parents Encourage Their Child Not to...

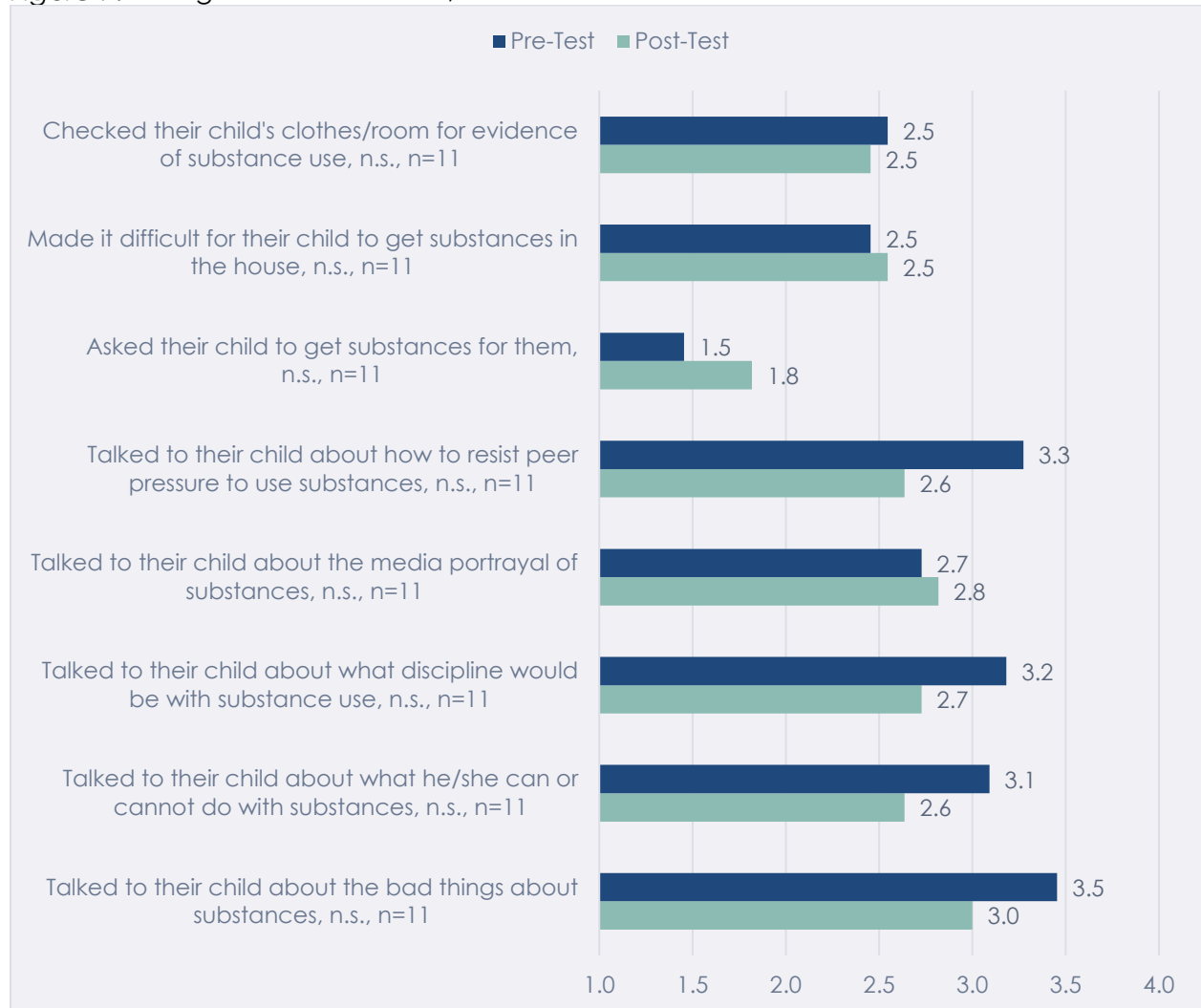


Note: Response options range from 1 (0) - 4 (3 or more).

### Parent Reports of How They Help Prevent Their Children from Using Substances

The next series of questions asked parents about a variety of behaviors they can perform to help prevent their children from using substances. There were no statistically significant changes in these measures. Most measures remained the same; however, a few measures (i.e., asking a child to get substances, resist peer pressure, discipline, can/cannot do, and bad things), unfortunately, trended in the wrong direction, although they were not significant.

Figure 7. During the Past 6 Months, Number of Times Parents have...

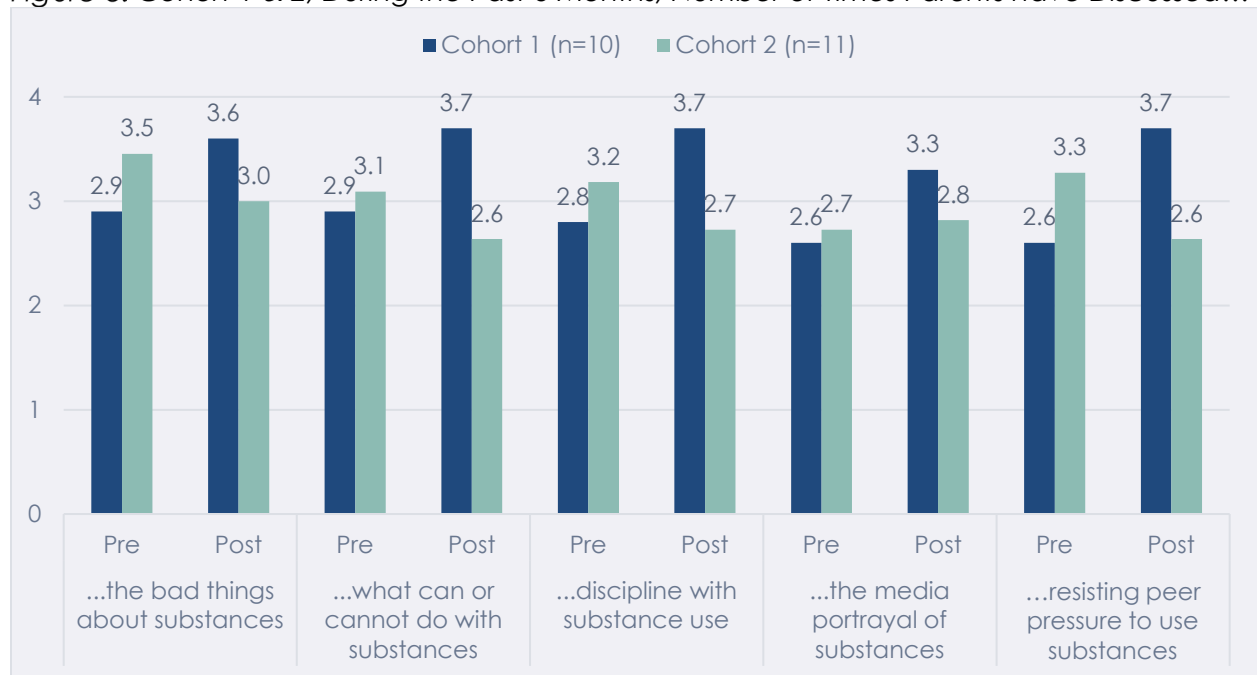


Note: Response options range from 1 (0) - 4 (3 or more).

## Cohort 1 & 2 Comparisons

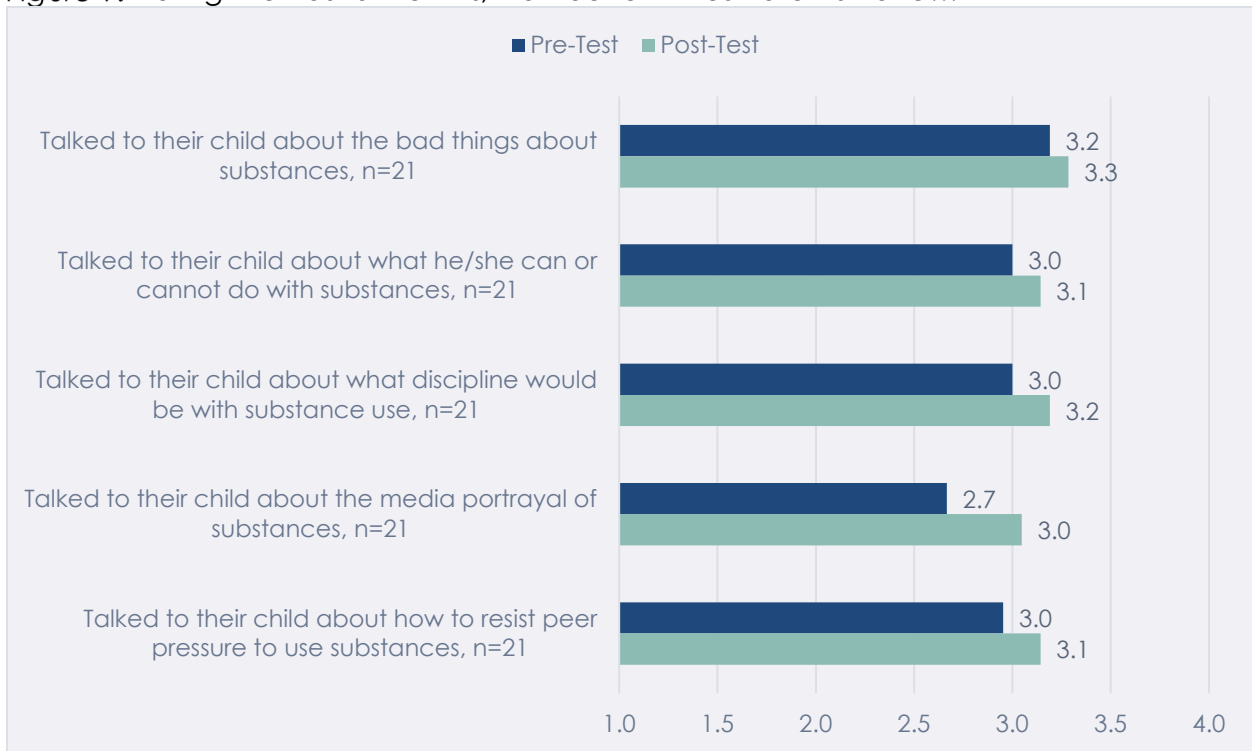
Repeated Measures Multivariate Analysis of Variance (MANOVA) was used to analyze cohort differences across time on the pre- and post-survey measures pertaining to parental monitoring. A repeated measures MANOVA is a statistical test used to analyze data when measurements are taken from the same subjects at multiple time points or under different conditions. A significant interaction between cohort and time was found (Wilk's  $\lambda = 0.373$ ,  $p = 0.007$ ). This interaction signifies cohorts changed significantly in different directions over time, with the majority of the findings going in the right direction. No other significant interactions were found.

Figure 8. Cohort 1 & 2, During the Past 6 Months, Number of Times Parents have Discussed...



Note: Response options range from 1(0)- 4(3 or more).

Figure 9. During the Past 6 Months, Number of Times Parents have...



Note: Response options range from 1 (0) - 4 (3 or more).

## PROGRAM FIDELITY

To deliver this program to the target population, adaptations were made as mentioned in the Methods section. To assess fidelity, we asked questions about program materials and program delivery. This round, all participants received the curriculum in-person in a group format. All participants reported receiving all four booklets.

The table below shows the questions asked about topics explained by the program leader that get at key program components. All participants agreed that they received all of the components asked about in the fidelity questions.

Table 1. The Program Leader Explained...

	Strongly Disagree	Disagree	Agree	Strongly Agree
...teen substance use & how the Family Matters Program can help families facing this issue.	0%	0%	18%	82%
...how to keep my child from becoming involved with alcohol/tobacco & gave ideas for how to communicate with him/her about substance use.	0%	0%	27%	73%
...how things you do might encourage your teen to use alcohol/tobacco & helped you choose rules about substance use that are right for your family.	0%	0%	27%	73%
...signs your child may be using substances & discussed influences outside of the family (e.g., friends and television) that may impact his/her alcohol/tobacco use.	0%	0%	27%	73%

## CONCLUSIONS

This was the second implementation with this target population. Process wise, this implementation went very well with the target population. The recruitment and implementation went smoothly, and participants appeared to be comfortable with the program.

### Outcome Results

The program outcomes are encouraging. While we did not observe significant changes this round and there were mixed results, parents reported at follow-up they thought their children may indeed use alcohol, which was nearly significant, more than they thought they would pre-program. There was a similar trend for cigarettes and marijuana. The numbers are very small and not significant. We look forward to having more data so we can establish whether this trend is genuine. Parents reported they talked less to their children at follow-up than they did preprogram but none of these results were significant.

There were small positive changes in behaviors that require taking action on things like checking their children's clothes or rooms for substances; other behaviors like talking about discipline for using substances, for instance, went in the undesirable direction. We are unsure if there is a reluctance among the parents to take action and talk to their children. We would like to follow up with the implementation staff to explore why this may have been the case in this Cohort. We hope to do a qualitative interview to get staff feedback on how the parents reacted to this part of the program curriculum and explore options for how to go over this with parents that may resonate with them, or at the least, explain the potential outcomes.

The program fidelity assessment shows that parents either "agreed" or "strongly agreed" that program content we asked about was indeed delivered by the facilitator.

Overall, the CSEA implementation was a success. While there were only 11 participants in this Cohort, we look forward to the next implementation adding to our numbers and hopefully strengthening the results.